

DECLARATION and POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **DATA BLOCK DETECT BY FINGERPRINT**, the specification of which (check one)

☒ is attached hereto.

☐ was filed on _____ as Application Serial No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by the amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulation, . 1.56 (a).

I hereby claim foreign priority benefits under Title 35, United States Code, . 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION (S)

COUNTRY	APPLICATION NUMBER	DATE OF FILING (DAY, MONTH, YEAR)	PRIORITY CLAIMED UNDER 35 U.S.C. 119

I hereby claim the benefit under Title 35, United States Code, . 120 of any United States application (s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 United States Code, . 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, . 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

PRIOR UNITED STATES APPLICATION(S)

APPLICATION SERIAL NUMBER	FILING DATE	STATUS (PATENTED, PENDING, ABANDONED)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

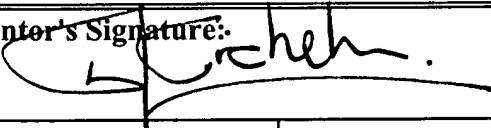
Michael E. Marion, Reg. No. 32,266

Jack E. Haken, Reg. No. 26,902

Michael E. Schmitt, Reg. No. 36,921

SEND CORRESPONDENCE TO: Corporate Patent Counsel; U.S. Philips Corporation; 580 White Plains Road; Tarrytown, NY 10591	DIRECT TELEPHONE CALLS TO: Michael E. Belk (914) 333-9643
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610845

Dated: December 4, 2002		Inventor's Signature: 		
Full Name of Inventor	Last Name: Tichelaar	First Name : Johannes	Middle Name: Yzebrand	
Residence & Citizenship	City Eindhoven	State or Foreign Country The Netherlands	Country of Citizenship The Netherlands	
Post Office Address	Street Mainelaan 79	City Eindhoven	State or Country The Netherlands	Zip Code 5627 VJ

Dated:		Inventor's Signature:		
Full Name of Inventor	Last Name: Kalker	First Name: Antonius	Middle Name: A.C.M.	
Residence & Citizenship	City Son	State or Foreign Country The Netherlands	Country of Citizenship The Netherlands	
Post Office Address	Street Yssellaan 3	City Son	State or Country The Netherlands	Zip Code 5691 HA

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X is attached hereto.

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Michael E. Marion, Reg. No. 32,266

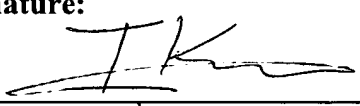
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610845

Dated:		Inventor's Signature:		
Full Name of Inventor	Last Name: Tichelaar	First Name : Johannes	Middle Name: Yzebrand	
Residence & Citizenship	City Eindhoven	State or Foreign Country The Netherlands	Country of Citizenship The Netherlands	
Post Office Address	Street Mainelaan 79	City Eindhoven	State or Country The Netherlands	Zip Code 5627 VJ

Dated: 04 December, 2002		Inventor's Signature: 		
Full Name of Inventor	Last Name: Kalker	First Name: Antonius	Middle Name: A.C.M.	
Residence & Citizenship	City Son	State or Foreign Country The Netherlands	Country of Citizenship The Netherlands	
Post Office Address	Street Yssellaan 3	City Son	State or Country The Netherlands	Zip Code 5691 HA

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Koninklijke Philips Electronics N.C.	
Application No./Patent No.: Concurrently	Filed/Issue Date: Concurrently
Entitled: DATA BLOCK DETECT BY FINGERPRINT	

Koninklijke Philips Electronics N.V., a corporation
states that it is:

- ☒ the assignee of the entire right, title and interest,
- ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____% in the patent application/patent identified above,

by virtue of:

- ☐ An assignment from the inventor(s) of the patent application/patent identified above.
The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
- ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

2. From _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

3. From _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

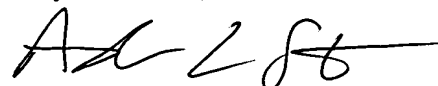
☒ Copies of assignments or other documents in the chain of title are attached.
[Note: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Date: 22-SEPT-2005

Respectfully submitted,

By



Adam L. Stroud, Reg. No. 48,410
Title: Patent Attorney
Tel: (408) 474-9064

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number:

24738

OR

☐ Practitioner(s) named below (If more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

☒ The address associated with Customer Number:

24738

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone			Fax

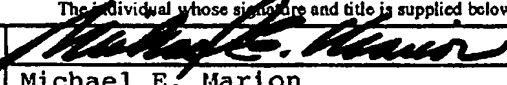
Assignee Name and Address:

KONINKLIJKE PHILIPS ELECTRONICS N.V.
Groenewoudseweg 1
5621 BA Eindhoven, The Netherlands

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/86 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	02 FEB 2005
Name	Michael E. Marion	Telephone (914)	333-9637
Title	Authorized Representative		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.